



QUARTERLY STATEMENT

AS OF MARCH 31, 2016
OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Caritas District of Columbia, Inc.

NAIC Group Code	00936	00936	NAIC Company Code	15088	Employer's ID Number	46-1480213
	(Current Period)	(Prior Period)				
Organized under the Laws of	District of Columbia		State of Domicile or Port of Entry	District of Columbia		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health []		Property/Casualty []	Hospital, Medical & Dental Service or Indemnity []		
	Dental Service Corporation []		Vision Service Corporation []	Health Maintenance Organization [X]		
	Other []			Is HMO Federally Qualified? Yes [] No [X]		
Incorporated/Organized	11/30/2012		Commenced Business	03/18/2013		
Statutory Home Office	1120 Vermont Avenue, Suite 200		Washington, DC, US 20005			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	200 Stevens Drive		Philadelphia, PA, US 19113	215-937-8000		
	(Street and Number)		(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)		
Mail Address	1120 Vermont Avenue, Suite 200		Washington, DC, US 20005			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	200 Stevens Drive		Philadelphia, PA, US 19113	215-937-8000		
	(Street and Number)		(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)		
Internet Web Site Address	www.amerihealthdc.com					
Statutory Statement Contact	Terrence James Cunningham		202-326-8740			
	(Name)		(Area Code) (Telephone Number) (Extension)			
	tcunningham@amerihealthcaritasdc.com		202-408-0166			
	(E-Mail Address)		(FAX Number)			

OFFICERS

Name	Title	Name	Title
Steven Harvey Bohner	Treasurer	Robert Howard Gilman, Esquire	Secretary

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Peter Andrew Jakuc	Steven Harvey Bohner	Eileen Mary Coggins #	
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State ofPennsylvania.....
County ofDelaware..... ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Steven Harvey Bohner Treasurer	Robert Howard Gilman, Esquire Secretary
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Subscribed and sworn to before me this day of May, 2016	a. Is this an original filing? Yes [X] No [] b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached
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ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds			0	0
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$109,888,914), cash equivalents (\$0) and short-term investments (\$35,591,047)	145,479,961		145,479,961	134,475,837
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	145,479,961	0	145,479,961	134,475,837
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued			0	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	9,731,417		9,731,417	6,549,727
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	955,828
18.2 Net deferred tax asset	6,232,181	3,528,598	2,703,583	2,299,976
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	49,122		49,122	62,708
21. Furniture and equipment, including health care delivery assets (\$)	167,276	167,276	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$604,000) and other amounts receivable	4,184,614	3,580,614	604,000	573,519
25. Aggregate write-ins for other-than-invested assets	3,861,853	5,789,991	(1,928,138)	(1,996,190)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	169,706,424	13,066,479	156,639,945	142,921,405
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	169,706,424	13,066,479	156,639,945	142,921,405
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Expenses	191,221	191,221	0	0
2502. Intangible Assets	5,250,504	5,250,504	0	0
2503. Goodwill	(1,928,138)		(1,928,138)	(1,996,190)
2598. Summary of remaining write-ins for Line 25 from overflow page	348,266	348,266	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	3,861,853	5,789,991	(1,928,138)	(1,996,190)

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded).....	72,120,965		72,120,965	69,702,620
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	486,797		486,797	456,613
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	9,928,174		9,928,174	1,103,523
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	3,125,172		3,125,172	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	7,638,998		7,638,998	5,104,068
16. Derivatives.....		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	8,949,854	0	8,949,854	10,352,772
24. Total liabilities (Lines 1 to 23).....	102,249,960	0	102,249,960	86,719,596
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	9,070,499
26. Common capital stock	XXX	XXX	100	100
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	41,999,900	41,999,900
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	12,389,985	5,131,310
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	54,389,985	56,201,809
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	156,639,945	142,921,405
DETAILS OF WRITE-INS				
2301. Premium Assessment.....	8,466,351		8,466,351	9,876,745
2302. Stale Dated Checks.....	483,503		483,503	476,027
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	8,949,854	0	8,949,854	10,352,772
2501. Subsequent Year Affordable Care Act Assessment.....	XXX	XXX	0	9,070,499
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	9,070,499
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	320,595	330,374	1,293,059
2. Net premium income (including \$ non-health premium income).....	XXX	123,080,162	118,719,750	477,327,420
3. Change in unearned premium reserves and reserve for rate credits	XXX		0	0
4. Fee-for-service (net of \$ medical expenses)	XXX		0	0
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	123,080,162	118,719,750	477,327,420
Hospital and Medical:				
9. Hospital/medical benefits		45,770,697	45,054,907	187,075,940
10. Other professional services		24,097,978	24,053,492	95,122,242
11. Outside referrals			0	0
12. Emergency room and out-of-area		12,952,729	14,559,172	53,205,661
13. Prescription drugs		11,222,856	10,333,005	41,281,840
14. Aggregate write-ins for other hospital and medical.....	0	2,418,301	2,319,031	8,721,265
15. Incentive pool, withhold adjustments and bonus amounts.....			0	0
16. Subtotal (Lines 9 to 15)	0	96,462,561	96,319,607	385,406,948
Less:				
17. Net reinsurance recoveries			0	0
18. Total hospital and medical (Lines 16 minus 17)	0	96,462,561	96,319,607	385,406,948
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 1,196,744 cost containment expenses.....		2,564,232	3,540,325	20,875,045
21. General administrative expenses.....		21,549,757	20,941,117	51,536,309
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22)	0	120,576,550	120,801,049	457,818,302
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	2,503,612	(2,081,299)	19,509,118
25. Net investment income earned		37,653	1,934	13,549
26. Net realized capital gains (losses) less capital gains tax of \$			0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	37,653	1,934	13,549
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			0	0
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	2,541,265	(2,079,365)	19,522,667
31. Federal and foreign income taxes incurred	XXX	4,081,000	2,552,000	9,997,655
32. Net income (loss) (Lines 30 minus 31)	XXX	(1,539,735)	(4,631,365)	9,525,012
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401. Durable Medical Equipment.....		653,835	1,697,210	5,285,689
1402. Alternative Medical Cost.....		1,507,483	604,371	2,944,765
1403. Affordable Care Act Pass Thru-Expense.....				356,302
1498. Summary of remaining write-ins for Line 14 from overflow page	0	256,983	17,450	134,509
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	2,418,301	2,319,031	8,721,265
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	56,201,809	45,074,502	45,074,502
34. Net income or (loss) from Line 32	(1,539,735)	(4,631,365)	9,525,012
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	68,052	68,051	272,207
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax	252,055	533,297	(375,787)
39. Change in nonadmitted assets	(592,196)	(1,417,518)	1,705,875
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock		0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles		0	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(1,811,824)	(5,447,535)	11,127,307
49. Capital and surplus end of reporting period (Line 33 plus 48)	54,389,985	39,626,967	56,201,809
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	119,898,472	114,498,926	479,675,684
2. Net investment income	37,653	1,934	13,549
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	119,936,125	114,500,860	479,689,233
5. Benefit and loss related payments	95,314,022	91,385,956	366,384,026
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	12,692,148	15,216,273	71,591,856
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	0	3,665,000	14,611,000
10. Total (Lines 5 through 9)	108,006,170	110,267,229	452,586,882
11. Net cash from operations (Line 4 minus Line 10)	11,929,955	4,233,631	27,102,351
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	68,052	68,051	272,207
12.8 Total investment proceeds (Lines 12.1 to 12.7)	68,052	68,051	272,207
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	0
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	68,052	68,051	272,207
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied).....	(993,883)	1,529,666	1,145,233
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(993,883)	1,529,666	1,145,233
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	11,004,124	5,831,348	28,519,791
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	134,475,837	105,956,046	105,956,046
19.2 End of period (Line 18 plus Line 19.1)	145,479,961	111,787,394	134,475,837

STATEMENT AS OF MARCH 31, 2016 OF THE AmeriHealth Caritas District of Columbia, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	105,919	7,661	.0	.0	.0	.0	.0	.0	98,258	.0
2. First Quarter	107,695	7,422	.0	.0	.0	.0	.0	.0	100,273	.0
3. Second Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	.0									
5. Current Year	0									
6. Current Year Member Months	320,595	22,102							298,493	
Total Member Ambulatory Encounters for Period:										
7. Physician	169,992	14,943							155,049	
8. Non-Physician	39,595	4,689							34,906	
9. Total	209,587	19,632	0	0	0	0	0	0	189,955	0
10. Hospital Patient Days Incurred	9,472	195							9,277	
11. Number of Inpatient Admissions	1,919	38							1,881	
12. Health Premiums Written (a).....	123,080,162	5,093,294							117,986,868	
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned	123,080,162	5,093,294							117,986,868	
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services	94,044,216	4,621,005						213	89,422,998	
18. Amount Incurred for Provision of Health Care Services	96,462,561	5,003,719						213	91,458,629	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

STATEMENT AS OF MARCH 31, 2016 OF THE AmeriHealth Caritas District of Columbia, Inc.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims unpaid (Reported)						
THE GEORGE WASHINGTON UNIV HOSPITAL.....	3,143,443	76,507				3,219,949
CHILDRENS HOSPITAL.....	987,293	957				988,251
HOWARD UNIVERSITY HOSPITAL.....	604,026	3,465				607,491
PROVIDENCE HOSPITAL.....	414,345					414,345
UNITED MEDICAL CENTER.....	367,265	12,690				379,955
PRINCE GEORGES HOSPITAL CENTER.....	372,388					372,388
WASHINGTON HOSPITAL CENTER.....	153,447					153,447
NATIONAL REHAB HOSPITAL.....	96,590					96,590
DC FIRE AND EMS DEPARTMENT.....	66,296					66,296
HARMINDER SETHI.....	46,559	8,018				54,577
PSYCHIATRIC INSTITUTE OF WASHINGTON.....	33,280					33,280
GEORGETOWN UNIVERSITY HOSPITAL.....	26,335					26,335
FORT WASHINGTON HOSPITAL.....	25,088					25,088
SIBLEY MEMORIAL HOSPITAL.....	24,140					24,140
HOLY CROSS HOSPITAL.....	22,231	1,181				23,412
MEDSTAR SO MD HOSP.....	16,420	135				16,555
LA CLINICA DEL PUEBLO INC.....	16,138					16,138
JOSEPH OBRIEN.....	14,550					14,550
SHAWN SARIN.....	14,267					14,267
BEL PRE LEASING CO LLC.....	14,000					14,000
SERQUINOX LLC.....	1,760	12,108				13,868
COASTAL HEALTHCARE SERVICES.....	13,840					13,840
THE WASHINGTON HOME.....	12,908					12,908
CONTEMPORARY FAMILY SERVICES.....	12,868					12,868
VIRGINIA HOSPITAL CENTER ARLINGTON.....	12,078					12,078
BENJAMIN WOOD.....	12,000					12,000
ADVENTIST HEALTHCARE INC.....	10,875					10,875
0199999 Individually listed claims unpaid.....	6,534,430	115,061	0	0	0	6,649,491
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....	1,197,233	14,399				1,211,632
0499999 Subtotals.....	7,731,663	129,460	0	0	0	7,861,123
0599999 Unreported claims and other claim reserves.....	XXX	XXX	XXX	XXX	XXX	64,259,842
0699999 Total amounts withheld.....	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid.....	XXX	XXX	XXX	XXX	XXX	72,120,965
0899999 Accrued medical incentive pool and bonus amounts.....	XXX	XXX	XXX	XXX	XXX	

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	1,887,115	2,940,018	874,975	1,915,990	2,762,090	2,408,251
2. Medicare Supplement .....					.0	.0
3. Dental only .....					.0	.0
4. Vision only .....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare	214				214	.0
7. Title XIX - Medicaid	34,196,608	59,204,875	29,159,581	40,170,419	63,356,189	67,294,369
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	36,083,937	62,144,893	30,034,556	42,086,409	66,118,493	69,702,620
10. Health care receivables (a)	2,036,716	2,147,898			2,036,716	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....					.0	.0
13. Totals (Lines 9-10+11+12)	34,047,221	59,996,995	30,034,556	42,086,409	64,081,777	69,702,620

(a) Excludes \$ loans or advances to providers not yet expensed.

STATEMENT AS OF MARCH 31, 2016 OF THE AMERIHEALTH CARITAS DISTRICT OF COLUMBIA, INC.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices
The financial statements of AmeriHealth Caritas District of Columbia, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the District of Columbia Department of Insurance, Securities and Banking (DISB).

The DISB recognizes only statutory accounting practices prescribed or permitted by the Government of District of Columbia for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under District of Columbia Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the Government of District of Columbia. The Government has adopted prescribed or permitted accounting practices that differ from those found in NAIC SAP. Currently, "prescribed" statutory accounting practices are interspersed throughout the state insurance laws and regulations, NAIC SAP, and a variety of other NAIC publications. "Permitted" statutory accounting practices encompass all accounting practices that are not prescribed but are permitted by the domicile state department of insurance; such practices may differ from state to state, may differ from company to company within a state, and may change in the future

A reconciliation of the Company's net (loss) income and capital and surplus between NAIC SAP and practices prescribed and permitted by the Government of District of Columbia is shown below:

	<u>State of Domicile</u>	<u>2016</u>	<u>2015</u>
<u>NET INCOME</u>			
(1) AmeriHealth Caritas District of Columbia, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	District of Columbia	\$ (1,539,735)	\$ 9,525,012
(2) State Prescribed Practices that increase/(decrease) NAIC SAP		\$ 0	\$ 0
(3) State Permitted Practices that increase/(decrease) NAIC SAP		\$ 0	\$ 0
(4) NAIC SAP (1-2-3=4)	District of Columbia	<u>\$ (1,539,735)</u>	<u>\$ 9,525,012</u>
<u>SURPLUS</u>			
(5) AmeriHealth Caritas District of Columbia, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	District of Columbia	\$ 54,389,985	\$ 56,201,809
(6) State Prescribed Practices that increase/(decrease) NAIC SAP		\$ 0	\$ 0
(7) State Permitted Practices that increase/(decrease) NAIC SAP		\$ 0	\$ 0
(8) NAIC SAP (5-6-7=8)	District of Columbia	<u>\$ 54,389,985</u>	<u>\$ 56,201,809</u>

B. Use of Estimates in the Preparation of the Financial Statements – No significant changes since December 31, 2015.

C. Accounting Policy
The Company uses the following accounting policies:
(1) Short-term investments – No significant changes since December 31, 2015.
(2) Bonds – None
(3) Common Stocks – None
(4) Preferred Stock – None
(5) Mortgage Loans – None
(6) Loan-backed securities – None
(7) Investments in subsidiaries, controlled and affiliated (SCA) entities – None
(8) Investments in joint ventures, partnerships and limited liability companies – None
(9) Derivatives – None
(10) Anticipated investment income as a factor in premium deficiency calculation – None
(11) Accrued Medical Expense/Unpaid Claim Adjustment Expense – No significant changes since December 31, 2015.
(12) Fixed asset capitalization policy modifications – No significant changes since December 31, 2015.
(13) Pharmaceutical Rebates – No significant changes since December 31, 2015.

D. Going Concern – None

2. Accounting Changes and Corrections of Errors

Material changes in accounting principle and/or correction of errors – None

3. Business Combinations and Goodwill

A. Statutory Purchase Method – No significant changes since December 31, 2015.
B. Statutory Merger
(1) Name and brief description of the combined entities – None
(2) Method of accounting – None
(3) Shares of stock issued in the transaction – None
(4) Details of results of operations – None
(5) Adjustments recorded directly to surplus – None
C. Assumption Reinsurance – None
D. Impairment Loss recognized on Business Combinations and Goodwill – None

4. Discontinued Operations

A. Segment of business that has been or will be discontinued – None
B. Expected disposal date, if known – None
C. Manner of disposal – None
D. Description of remaining assets and liabilities of the segment at the balance sheet date – None
E. Amounts related to the discontinued operations and the effect on the Company's Balance Sheet and Statement of Revenue and Expenses – None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans – None
B. Debt Restructuring – None
C. Reverse Mortgages – None
D. Loan-Backed Securities
(1) Prepayment assumptions – None
(2) Recognized Other-than-Temporary Impairment – None
(3) Present Value of Cash Flows – None
(4) All impaired securities (fair value is less than cost or amortized cost) for which an other than temporary impairment has not been recognized – None
E. Repurchase Agreements and/or Securities Lending Transactions – None
F. Real Estate – None
G. Investments in low-income housing tax credits (LIHTC) – None
H. Restricted Assets
(1) Restricted Assets (Including Pledged) – No significant changes since December 31, 2015.
(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None
(3) Detail of Other Restricted Assets – None
I. Working Capital Finance Investments – None
J. Offsetting and Netting of Assets and Liabilities – None
K. Structured Notes – None

6. Joint Ventures, Partnerships and Limited Liability Companies

A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of admitted assets – None
B. Impaired investments in Joint Ventures, Partnerships and Limited Liability Companies – None

7. Investment Income

A. Due and accrued income is excluded from surplus on the following bases – No significant changes since December 31, 2015.
B. Total amount excluded – No significant changes since December 31, 2015.

8. Derivative Instruments

A. Market risk, credit risk and cash requirements of the derivative instruments – None
B. Objective for using derivative instruments – None
C. Accounting policies for recognizing and measuring derivatives instruments used – None
D. Component of gain or loss recognized excluded from hedge effectiveness assessment – None
E. Net gain or loss recognized for derivatives no longer qualifying for hedge accounting – None
F. Derivative instruments accounted for as cash flow hedges – None

9. Income Taxes – No significant changes since December 31, 2015.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A.,B., Material related party transactions – None
C.
D. Amounts due from or to related parties as of March 31, 2016 – No significant changes since December 31, 2015.
E. Parental guarantees – None
F. Material management or service arrangements – No significant changes since December 31, 2015.
G. Nature of control relationship – No significant changes since December 31, 2015.
H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream SCA entity - None
I. Investments in an SCA entity that exceed 10% of admitted assets – None
J. Write-downs for impaired investments in SCA entities – None

STATEMENT AS OF MARCH 31, 2016 OF THE AMERIHEALTH CARITAS DISTRICT OF COLUMBIA, INC.

- K. Investment in foreign subsidiary calculation – None
- L. Investment in a downstream noninsurance holding company – None
- 11. **Debt**
 - A. Capital Notes – None
 - B. Federal Home Loan Bank (FHLB) Agreements – None
- 12. **Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**
 - A. Defined Benefit Plan – None
 - B.C. Postretirement Plan Assets – None
 - D. Basis used to determine the overall expected long-term rate-of-return-on-assets assumption – None
 - E. Defined Contribution Plans – None
 - F. Multiemployer Plans – None
 - G. Consolidated/Holding Company Plans – None
 - H. Postemployment Benefits and Compensated Absences – None
 - I. Impact of Medicare Modernization Act on Postretirement Benefits – None
- 13. **Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**
 - A. Common Capital stock outstanding – No significant changes since December 31, 2015.
 - B. Preferred stock – None
 - C. Dividend restrictions – No significant changes since December 31, 2015.
 - D. Dates and amounts of dividends paid – None
 - E. Stockholder's portion of ordinary dividend from profits – None
 - F. Restrictions placed on unassigned funds (surplus) – None
 - G. The total amount of advances to surplus not repaid – None
 - H. The amount of stock held by the Company for special purposes – None
 - I. Changes in balances of special surplus funds from the prior year – As a result of the Consolidated Appropriations Act of 2016, the Subsequent Year Affordable Care Act (ACA) assessment will not be applicable to the Company in 2016. As of March 31, 2016, the change in balance of special surplus funds from the prior year, due to the Subsequent Year ACA assessment, was \$9,070,499.
 - J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses – No significant changes since December 31, 2015.
 - K. Surplus notes – None
 - L. Impact of any restatement due to quasi-reorganization – None
 - M. Effective dates of all quasi-reorganizations in the prior 10 years is/are – None
- 14. **Liabilities, Contingencies and Assessments**
 - A. Contingent Commitments – None
 - B. Assessments – None
 - C. Gain Contingencies – None
 - D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None
 - E. Joint and Several Liabilities – None
 - F. All Other Contingencies – None
- 15. **Leases**
 - A. Lessee Operating Leases
 - (1) General description of lessee's leasing arrangements – No significant changes since December 31, 2015.
 - (2) Minimum aggregate rental commitments – No significant changes since December 31, 2015.
 - (3) Sales leaseback transactions – None
 - B. Lessor Leases
 - (1) Operating Leases – None
 - (2) Leveraged Leases – None
- 16. **Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk**
 - A. The face, contract or notional principle amount – None
 - B. The nature and terms of the contract – None
 - C. The amount of accounting loss the entity would incur if any party to the financial instrument failed completely to perform according to the term of the contract and the collateral or other security, if any, for the amount due proved to be of no value to the entity – None
 - D. The Company's policy of requiring collateral or other security to support financial instruments subject to credit risk – None
- 17. **Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**
 - A. Transfers of Receivables reported as Sales – None
 - B. Transfer and Servicing of Financial Assets – None
 - C. Wash Sales – None
- 18. **Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**
 - A. ASO Plans – None
 - B. ASC Plans – None
 - C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract – None
- 19. **Direct Premium Written/Produced by Managing General Agents/Third Party Administrators** – None
- 20. **Fair Value Measurements**
 - A.,B. Fair value measurement at reporting date – None
 - (1) Level of fair value hierarchy – No significant changes since December 31, 2015.
 - (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None
 - (3) Transfers in and/or out of Level 3 – None
 - (4) Fair value measurements categorized within Level 2 and 3 – None
 - C. The aggregate fair value of all financial instruments and the level within the fair value hierarchy – None
 - D. Not Practicable to Estimate Fair Value – None
- 21. **Other Items**
 - A. Extraordinary Items – None
 - B. Troubled Debt Restructuring: Debtors – None
 - C. Other Disclosures and Unusual Items – None
 - D. Business Interruption Insurance Recoveries – None
 - E. State Transferable and Non-transferable Tax Credits – None
 - F. Subprime-Mortgage-Related Risk Exposure – None
 - G. Retained Assets – None
- 22. **Events Subsequent**
 - Type 1 – Recognized subsequent event – None
 - Type 2 – Nonrecognized subsequent event – No significant changes since December 31, 2015.
- 23. **Reinsurance**
 - A. Ceded Reinsurance Report – None
 - B. Uncollectible Reinsurance – None
 - C. Commutation of Ceded Reinsurance – None
 - D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None
 - (1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation – None
 - (2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None
- 24. **Retrospectively Rated Contracts & Contracts Subject to Redetermination**
 - A. Accrued retrospective premium adjustments – None
 - B. Accrued retrospective premium as an adjustment to earned premium – None
 - C. The amount of net premium written that are subject to retrospective rating features – None
 - D. Medical loss ratio rebates required pursuant to the Public Health Service Act. – None
 - E. Risk- Sharing Provisions of the ACA – None
- 25. **Change in Incurred Claims and Claim Adjustment Expenses**

Reserves as of December 31, 2015 were \$70,159,233 for incurred claims and claim adjustment expenses. As of March 31, 2016, \$34,503,834 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$30,034,556 as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been favorable prior year development of \$5,620,843 during 2016 for the year ended December 31, 2015. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.
- 26. **Intercompany Pooling Arrangements** – None
- 27. **Structured Settlements** – None
- 28. **Health Care Receivables**
 - A. Pharmaceutical Rebate Receivables – No significant changes since December 31, 2015.
 - B. Risk Sharing Receivables – None
- 29. **Participating Policies** – None
- 30. **Premium Deficiency Reserves** – None
- 31. **Anticipated Salvage and Subrogation** – None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 6.4

By what department or departments?
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ NA ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ NA ☒
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

GENERAL INTERROGATORIES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []

9.11

If the response to 9.1 is No, please explain:
.....

9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
.....

9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....

Yes [] No [X]

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]

11.2

If yes, give full and complete information relating thereto:
.....

12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:\$

13.

Amount of real estate and mortgages held in short-term investments:\$

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]

14.2

If yes, please complete the following:

		1		2
		Prior Year-End		Current Quarter
		Book/Adjusted		Book/Adjusted
		Carrying Value		Carrying Value
14.21	Bonds	\$	\$	
14.22	Preferred Stock	\$	\$	
14.23	Common Stock	\$	\$	
14.24	Short-Term Investments	\$	\$	
14.25	Mortgage Loans on Real Estate	\$	\$	
14.26	All Other	\$	\$	
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0	
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$	

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes [] No []

If no, attach a description with this statement.

GENERAL INTERROGATORIES

- 16 For the reporting entity’s security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page
- \$

\$

\$

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?
- Yes [X] No []

- 17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1	2
Name of Custodian(s)	Custodian Address
PNC Bank.....	620 Liberty Ave., Pittsburgh PA 15222.....
Bank of New York Mellon.....	4400 Computer Drive, Westborough, MA 01581.....

- 17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?
- Yes [] No [X]

- 17.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

- 17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository	Name(s)	Address

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?
- 18.2 If no, list exceptions:
- Yes [X] No []

GENERAL INTERROGATORIES
PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent

79.3 %

1.2 A&H cost containment percent

1.0 %

1.3 A&H expense percent excluding cost containment expenses

17.5 %

2.1 Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

2.2 If yes, please provide the amount of custodial funds held as of the reporting date

\$

2.3 Do you act as an administrator for health savings accounts?

Yes ☐ No ☒

2.4 If yes, please provide the balance of the funds administered as of the reporting date

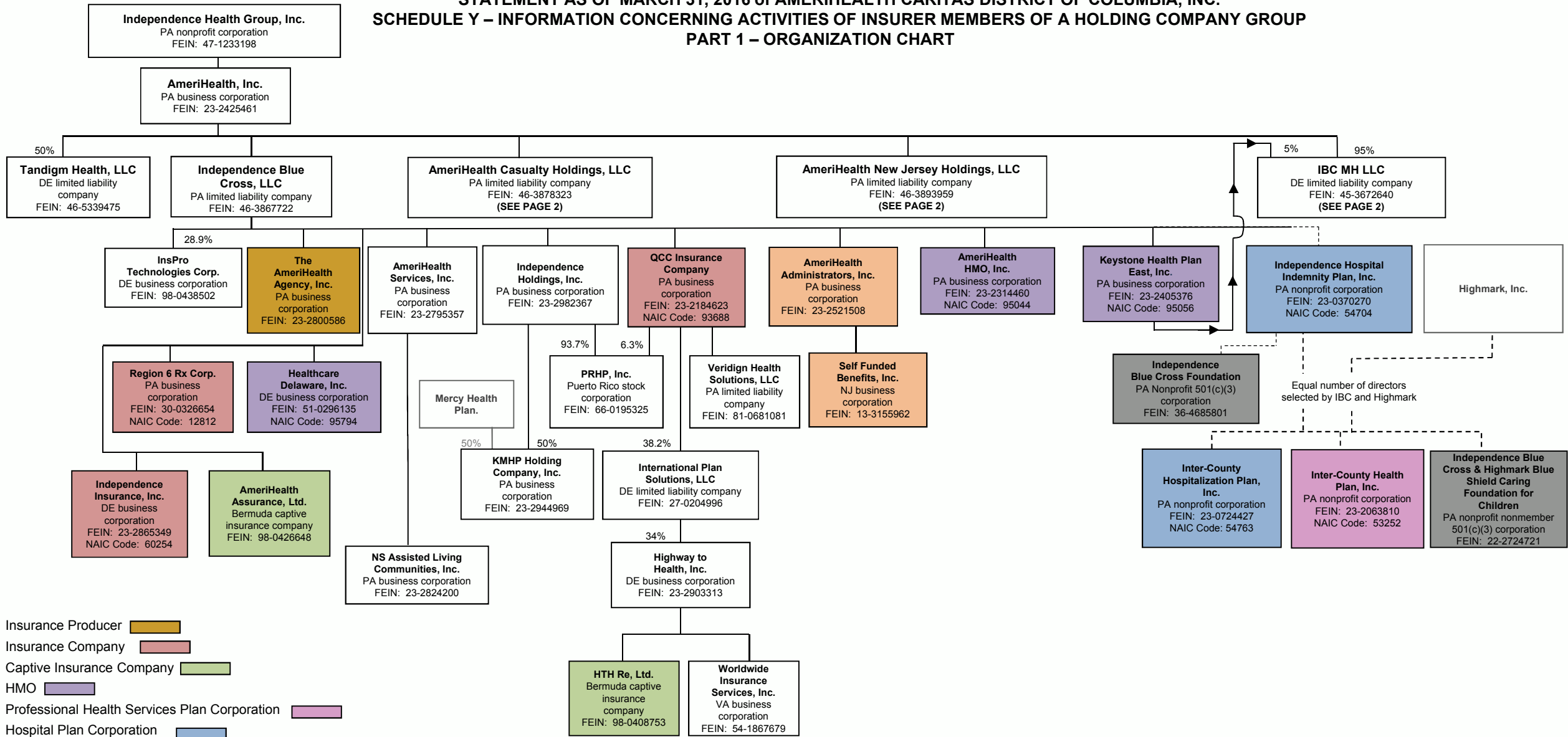
\$

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories									
States, Etc.	1 Active Status	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama	AL							0	
2. Alaska	AK							0	
3. Arizona	AZ							0	
4. Arkansas	AR							0	
5. California	CA							0	
6. Colorado	CO							0	
7. Connecticut	CT							0	
8. Delaware	DE							0	
9. Dist. Columbia	DC	L	5,093,294	117,986,868				123,080,162	
10. Florida	FL							0	
11. Georgia	GA							0	
12. Hawaii	HI							0	
13. Idaho	ID							0	
14. Illinois	IL							0	
15. Indiana	IN							0	
16. Iowa	IA							0	
17. Kansas	KS							0	
18. Kentucky	KY							0	
19. Louisiana	LA							0	
20. Maine	ME							0	
21. Maryland	MD							0	
22. Massachusetts	MA							0	
23. Michigan	MI							0	
24. Minnesota	MN							0	
25. Mississippi	MS							0	
26. Missouri	MO							0	
27. Montana	MT							0	
28. Nebraska	NE							0	
29. Nevada	NV							0	
30. New Hampshire	NH							0	
31. New Jersey	NJ							0	
32. New Mexico	NM							0	
33. New York	NY							0	
34. North Carolina	NC							0	
35. North Dakota	ND							0	
36. Ohio	OH							0	
37. Oklahoma	OK							0	
38. Oregon	OR							0	
39. Pennsylvania	PA							0	
40. Rhode Island	RI							0	
41. South Carolina	SC							0	
42. South Dakota	SD							0	
43. Tennessee	TN							0	
44. Texas	TX							0	
45. Utah	UT							0	
46. Vermont	VT							0	
47. Virginia	VA							0	
48. Washington	WA							0	
49. West Virginia	WV							0	
50. Wisconsin	WI							0	
51. Wyoming	WY							0	
52. American Samoa	AS							0	
53. Guam	GU							0	
54. Puerto Rico	PR							0	
55. U.S. Virgin Islands	VI							0	
56. Northern Mariana Islands	MP							0	
57. Canada	CAN							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Subtotal	XXX	5,093,294	0	117,986,868	0	0	0	123,080,162	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	5,093,294	0	117,986,868	0	0	0	123,080,162	0
DETAILS OF WRITE-INS									
58001	XXX								
58002	XXX								
58003	XXX								
58998 Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999 Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

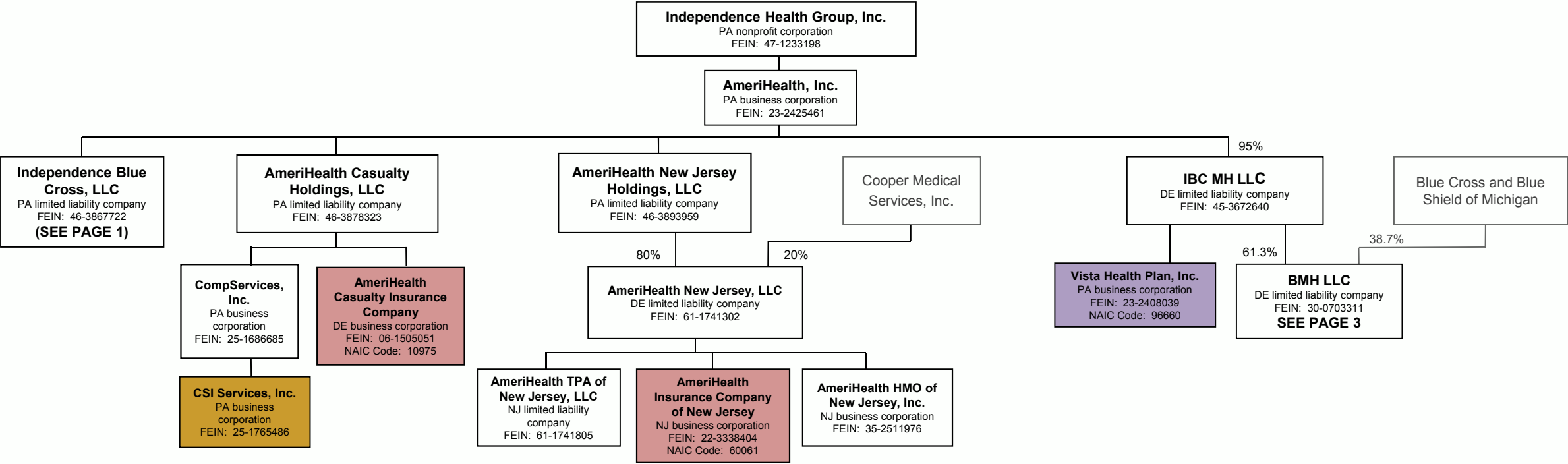
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.
(a) Insert the number of L responses except for Canada and other Alien.

STATEMENT AS OF MARCH 31, 2016 of AMERIHEALTH CARITAS DISTRICT OF COLUMBIA, INC.
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



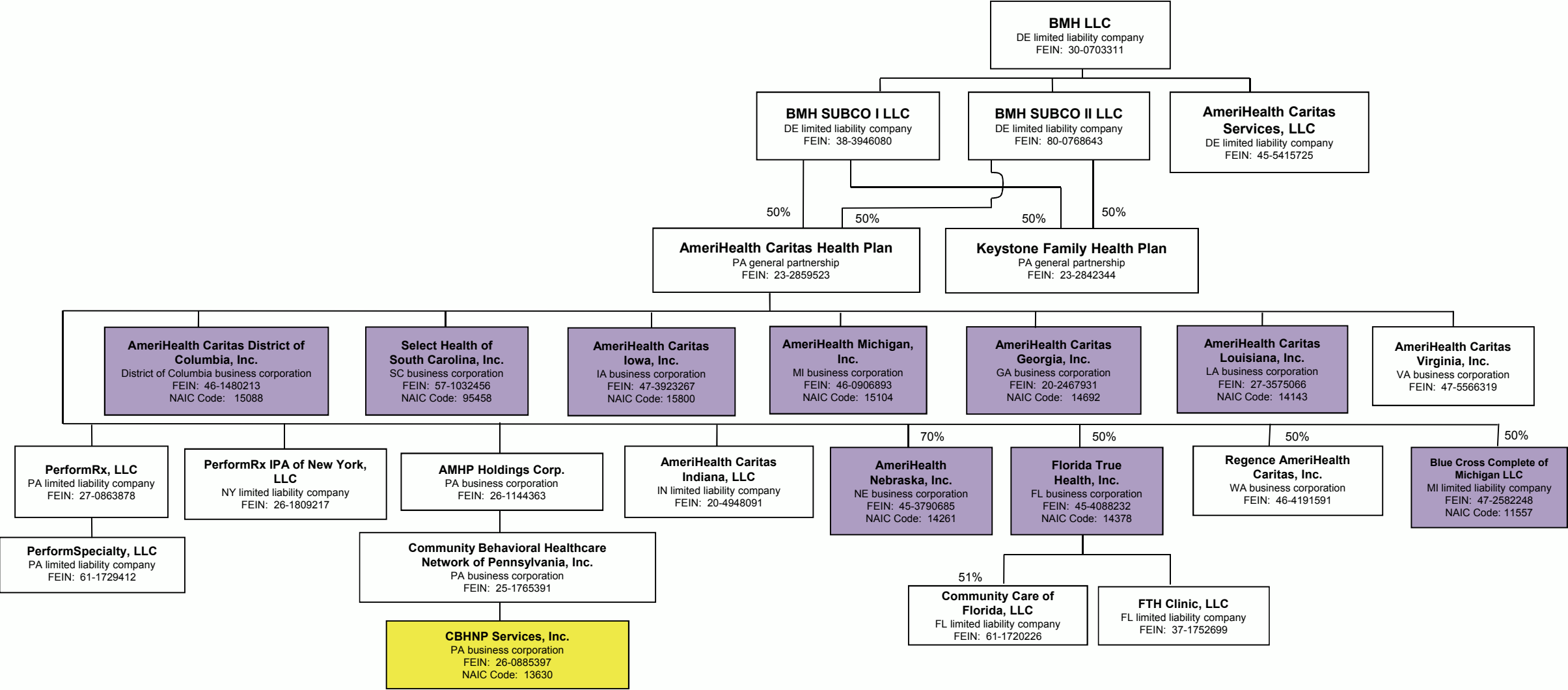
STATEMENT AS OF MARCH 31, 2016 of AMERIHEALTH CARITAS DISTRICT OF COLUMBIA, INC.
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

15.1



STATEMENT AS OF MARCH 31, 2016 of AMERIHEALTH CARITAS DISTRICT OF COLUMBIA, INC.
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART

15.2



SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00000.....		00000.....	47-1233198.....				Independence Health Group, Inc.....	PA.....	UIP.....				Independence Health Group, Inc.....	.....0
00000.....		00000.....	23-2425461.....				AmeriHealth, Inc.....	PA.....	UIP.....	Independence Health Group, Inc.....	Ownership.....	100.0.....	Independence Health Group, Inc.....	.....0
00000.....		00000.....	46-5339475.....				Tandigm Health, LLC.....	DE.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	50.0.....	Independence Health Group, Inc. / DaVita HealthCare Partners, Inc.....	.....0
00000.....		00000.....	46-3867722.....				Independence Blue Cross, LLC.....	PA.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	100.0.....	Independence Health Group, Inc.....	.....0
00000.....		00000.....	98-0438502.....				InsPro Technologies Corp.....	DE.....	NIA.....	Independence Blue Cross, LLC.....	Ownership.....	28.9.....	Independence Health Group, Inc.....	.....0
00000.....		00000.....	23-2800586.....				The AmeriHealth Agency, Inc.....	PA.....	NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0.....	Independence Health Group, Inc.....	.....0
00936.....	Independence Health Group, Inc.....	12812.....	30-0326654.....				Region 6 Rx Corp.....	PA.....	IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0.....	Independence Health Group, Inc.....	.....0
00936.....	Independence Health Group, Inc.....	95794.....	51-0296135.....				Healthcare Delaware, Inc.....	DE.....	IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0.....	Independence Health Group, Inc.....	.....0
00936.....	Independence Health Group, Inc.....	60254.....	23-2865349.....				Independence Insurance, Inc.....	DE.....	IA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0.....	Independence Health Group, Inc.....	.....0
00000.....		00000.....	98-0426648.....				AmeriHealth Assurance, Ltd.....	BMU.....	NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0.....	Independence Health Group, Inc.....	.....0
00000.....		00000.....	23-2795357.....				AmeriHealth Services, Inc.....	PA.....	NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0.....	Independence Health Group, Inc.....	.....0
00000.....		00000.....	23-2824200.....				NS Assisted Living Communities, Inc.....	PA.....	NIA.....	AmeriHealth Services, Inc.....	Ownership.....	100.0.....	Independence Health Group, Inc.....	.....0
00000.....		00000.....	23-2982367.....				Independence Holdings, Inc.....	PA.....	NIA.....	Independence Blue Cross, LLC.....	Ownership.....	100.0.....	Independence Health Group, Inc.....	.....0
00000.....		00000.....	23-2944969.....				KMHP Holding Company, Inc.....	PA.....	NIA.....	Independence Holdings, Inc.....	Ownership.....	50.0.....	Independence Health Group, Inc. / Mercy Health Plan.....	.....0
00000.....		00000.....	66-0195325.....				PRHP, Inc.....	PR.....	NIA.....	Independence Holdings, Inc. (93.7%) / QCC Insurance Company (6.3%).....	Ownership.....	100.0.....	Independence Health Group, Inc.....	.....0

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00936	Independence Health Group, Inc.	93688	23-2184623				QCC Insurance Company	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	.0
00000		00000	81-0681081				Veridign Health Solutions, LLC	PA	NIA	QCC Insurance Company	Ownership	100.0	Independence Health Group, Inc.	.0
00000		00000	27-0204996				International Plan Solutions, LLC	DE	NIA	QCC Insurance Company	Ownership	38.2	Independence Health Group, Inc.	.0
00000		00000	23-2903313				Highway to Health, Inc.	DE	NIA	International Plan Solutions, LLC	Ownership	13.0	Independence Health Group, Inc.	.0
00000		00000	98-0408753				HTH Re, Ltd.	BMJ	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	.0
00000		00000	54-1867679				Worldwide Insurance Services, Inc.	VA	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	.0
00000		00000	23-2521508				AmeriHealth Administrators, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	.0
00000		00000	13-3155962				Self Funded Benefits, Inc.	NJ	NIA	AmeriHealth Administrators, Inc.	Ownership	100.0	Independence Health Group, Inc.	.0
00936	Independence Health Group, Inc.	95044	23-2314460				AmeriHealth HMO, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	.0
00936	Independence Health Group, Inc.	95056	23-2405376				Keystone Health Plan East, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	.0
00936	Independence Health Group, Inc.	54704	23-0370270				Independence Hospital Indemnity Plan, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	.0
00000		00000	36-4685801				Independence Blue Cross Foundation	PA	OTH	Independence Hospital Indemnity Plan, Inc.	Board	0.0	Independence Health Group, Inc.	.0
00936	Independence Health Group, Inc.	54763	23-0724427				Inter-County Hospitalization Plan, Inc.	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	.0
00936	Independence Health Group, Inc.	53252	23-2063810				Inter-County Health Plan, Inc.	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	.0

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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00000.....		00000.....	22-2724721.....				Independence Blue Cross & Highmark Blue Shield Caring Foundation For Children.....	PA.....	OTH.....	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%).....	Board.....	0.0.....	Independence Health Group, Inc. / Highmark Health.....	0.....
00000.....		00000.....	46-3878323.....				AmeriHealth Casualty Holdings, LLC.....	PA.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	100.0.....	Independence Health Group, Inc.....	0.....
00000.....		00000.....	25-1686685.....				CompServices, Inc.....	PA.....	NIA.....	AmeriHealth Casualty Holdings, LLC.....	Ownership.....	100.0.....	Independence Health Group, Inc.....	0.....
00000.....		00000.....	25-1765486.....				CSI Services, Inc.....	PA.....	NIA.....	CompServices, Inc.....	Ownership.....	100.0.....	Independence Health Group, Inc.....	0.....
00936.....	Independence Health Group, Inc.....	10975.....	06-1505051.....				AmeriHealth Casualty Insurance Company.....	DE.....	IA.....	AmeriHealth Casualty Holdings, LLC.....	Ownership.....	100.0.....	Independence Health Group, Inc.....	0.....
00000.....		00000.....	46-3893959.....				AmeriHealth New Jersey Holdings, LLC.....	PA.....	NIA.....	AmeriHealth, Inc.....	Ownership.....	100.0.....	Independence Health Group, Inc.....	0.....
00000.....		00000.....	61-1741302.....				AmeriHealth New Jersey, LLC.....	DE.....	NIA.....	AmeriHealth New Jersey Holdings, LLC.....	Ownership.....	80.0.....	Independence Health Group, Inc. / Cooper Medical Services, Inc.....	0.....
00000.....		00000.....	61-1741805.....				AmeriHealth TPA of New Jersey, LLC.....	NJ.....	NIA.....	AmeriHealth New Jersey, LLC.....	Ownership.....	80.0.....	Independence Health Group, Inc. / Cooper Medical Services, Inc.....	0.....
00936.....	Independence Health Group, Inc.....	60061.....	22-3338404.....				AmeriHealth Insurance Company of New Jersey.....	NJ.....	IA.....	AmeriHealth New Jersey, LLC.....	Ownership.....	80.0.....	Independence Health Group, Inc. / Cooper Medical Services, Inc.....	0.....
00000.....		00000.....	35-2511976.....				AmeriHealth HMO of New Jersey, Inc.....	NJ.....	NIA.....	AmeriHealth New Jersey, LLC.....	Ownership.....	80.0.....	Independence Health Group, Inc. / Cooper Medical Services, Inc.....	0.....
00000.....		00000.....	45-3672640.....				IBC MH LLC.....	DE.....	UIP.....	AmeriHealth, Inc. (95%) / Keystone Health Plan East, Inc. (5%).....	Ownership.....	100.0.....	Independence Health Group, Inc.....	0.....

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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00936	Independence Health Group, Inc.	96660	23-2408039				Vista Health Plan, Inc.	PA	IA	IBC MH LLC	Ownership	100.0	Independence Health Group, Inc.	.0
00000		00000	30-0703311				BMH LLC	DE	UIP	IBC MH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	38-3946080				BMH SUBCO I LLC	DE	UIP	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	80-0768643				BMH SUBCO II LLC	DE	UIP	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	UDP	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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00936	Independence Health Group, Inc.	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	0
00000		00000	47-5566319				AmeriHealth Caritas Virginia, Inc.	VA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	0
00936	Independence Health Group, Inc.	15800	47-3923267				AmeriHealth Caritas Iowa, Inc.	IA	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	0
00936	Independence Health Group, Inc.	14692	20-2467931				AmeriHealth Caritas Georgia, Inc.	GA	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	0
00936	Independence Health Group, Inc.	15104	46-0906893				AmeriHealth Michigan, Inc.	MI	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	0
00936	Independence Health Group, Inc.	95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	0
00936	Independence Health Group, Inc.	15088	46-1480213				AmeriHealth Caritas District of Columbia, Inc.	DC	RE	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	0

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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00000		00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	0
00000		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	0
00000		00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	0
00000		00000	26-1144363				AMHP Holdings Corp.	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	0
00000		00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	0
00936	Independence Health Group, Inc.	13630	26-0885397				CBHNP Services, Inc.	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	0

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00000.....		00000.....	20-4948091.....				AmeriHealth Caritas Indiana, LLC.....	IN.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3.....	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.....	.....0
00936.....	Independence Health Group, Inc.....	14261.....	45-3790685.....				AmeriHealth Nebraska, Inc.....	NE.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	42.9.....	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Nebraska.....	.....0
00936.....	Independence Health Group, Inc.....	14378.....	45-4088232.....				Florida True Health, Inc.....	FL.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	30.6.....	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Florida.....	.....0
00000.....		00000.....	61-1720226.....				Community Care of Florida, LLC.....	FL.....	NIA.....	Florida True Health, Inc.....	Ownership.....	15.6.....	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Florida / Prestige Health Choice.....	.....0

16.7

[illegible]

Asterisk	Explanation
1	Charity.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

Explanation:

1.

Bar Code:

1.



OVERFLOW PAGE FOR WRITE-INS

MQ002 Additional Aggregate Lines for Page 02 Line 25.
*ASSETS

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
2504. Deposits.....	348,266	348,266	0	0
2597. Summary of remaining write-ins for Line 25 from Page 02	348,266	348,266	0	0

MQ004 Additional Aggregate Lines for Page 04 Line 14.
*REVEX1

	1 Current Year To Date Uncovered	2 Current Year To Date Total	3 Prior Year To Date Total	4 Prior Year Ended December 31 Total
1404. Health Ed. and Pop. Mgmt.....		256,983	17,450	92,129
1405. Consumer Incentives.....				42,380
1497. Summary of remaining write-ins for Line 14 from Page 04	0	256,983	17,450	134,509

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Current year change in encumbrances		0
4. Total gain (loss) on disposals		0
5. Deduct amounts received on disposals		0
6. Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other-than-temporary impairment recognized		0
8. Deduct current year's depreciation		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and mortgage interest points and commitment fees		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10. Deduct current year's other-than-temporary impairment recognized		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Total valuation allowance		0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and depreciation		0
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other-than-temporary impairment recognized		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	0	0
2. Cost of bonds and stocks acquired		0
3. Accrual of discount		0
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration for bonds and stocks disposed of		0
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	60,553,394	37,653	25,000,000		35,591,047	0	0	60,553,394
2. NAIC 2 (a).....	0				0	0	0	0
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	60,553,394	37,653	25,000,000	0	35,591,047	0	0	60,553,394
PREFERRED STOCK								
8. NAIC 1	0				0	0	0	0
9. NAIC 2	0				0	0	0	0
10. NAIC 3	0				0	0	0	0
11. NAIC 4	0				0	0	0	0
12. NAIC 5	0				0	0	0	0
13. NAIC 6	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	60,553,394	37,653	25,000,000	0	35,591,047	0	0	60,553,394

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$;
NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SCHEDULE DA - PART 1
Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	35,591,047	XXX	35,591,047	37,653	0

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	60,553,394	10,539,845
2. Cost of short-term investments acquired	37,653	50,013,549
3. Accrual of discount		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals	25,000,000	0
7. Deduct amortization of premium.....		0
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	35,591,047	60,553,394
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	35,591,047	60,553,394

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF MARCH 31, 2016 OF THE AmeriHealth Caritas District of Columbia, Inc.

SCHEDULE E - PART 1 - CASH

[illegible]

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter							
1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
NONE							
8699999 Total Cash Equivalents					0	0	0